## West Inland Empire Employer Advisory Council
**Membership Application**

**___New ___Renewal** **Date_____**

**PLEASE COMPLETE ALL INFORMATION AND RETURN**

Membership Name_____

Contact Person_____Title_____

Address_____

City_____Zip_____- _____

Type Of Business_____

Telephone (___) _____FAX (___) _____No. of Employees_____

E-Mail_____

Years in Business_____

Type of Entity: ___ Profit ___ Nonprofit ____ Government Agency

How did you hear about the EAC? _____

DUES: $50.00 Per Calendar Year
Please make checks payable to: West Inland Employer Advisory Council (WIEEAC)
Tax I.D. #77-0113097

Mail To: West Inland Empire Employer Advisory Council (WIEEAC)
PO Box 1072
Rancho Cucamonga, CA 91729-1072

The information given above is strictly confidential, for the exclusive use of the Employer Advisory Council, and the California Employer Advisory Council. This information may not be used for solicitation, the creation of mailing lists, or any other unauthorized use, and will not be released unless authorized by statue.

FOR CEAC Use Only

| Region Number | EAC Number | Membership Number | Year |
|---|---|---|---|
| _____ | _____ | _____ | 200___ |

Received by_____Processed by_____Packet Mailed_____200___